

**DEPARTMENT OF PUBLIC HEALTH, COUNTY OF SAN LUIS OBISPO**  
**PLAN CHECK APPLICATION - POOL/SPA FACILITY**  
2156 Sierra Way – PO Box 1489 – San Luis Obispo, CA 93406

APPLICATION DATE \_\_\_\_\_

ESTABLISHMENT NAME (DBA) \_\_\_\_\_

ESTABLISHMENT'S PRIOR NAME \_\_\_\_\_

ESTABLISHMENT LOCATION \_\_\_\_\_

POOL \_\_\_\_\_ SPA \_\_\_\_\_

NAME OF OWNER(S) \_\_\_\_\_

MAILING ADDRESS OF OWNER(S) \_\_\_\_\_

PHONE NUMBER OF OWNER(S) \_\_\_\_\_

NAME OF CONTRACTOR OR CONTACT PERSON \_\_\_\_\_

PHONE NO \_\_\_\_\_

BUSINESS ADDRESS OF CONTRACTOR/ARCHITECT \_\_\_\_\_

IF OUTSIDE CITY LIMITS:

SOURCE OF WATER: \_\_\_\_\_ WELL \_\_\_\_\_ NAME OF WATER COMPANY \_\_\_\_\_

WASTE WATER DISPOSAL: \_\_\_\_\_ SEPTIC TANK \_\_\_\_\_ SEWER SYSTEM \_\_\_\_\_

APPROXIMATE COMPLETION DATE \_\_\_\_\_ (pending approval of plans\*)

\* HEALTH DEPARTMENT APPROVAL WILL EXPIRE IN ONE YEAR IF CONSTRUCTION WORK HAS NOT BEGUN BY THAT TIME.

**DO NOT WRITE BELOW THIS LINE**

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**COMPUTER INFORMATION**

SR # \_\_\_\_\_ FA # \_\_\_\_\_

DATE PLANS WERE RECEIVED \_\_\_\_\_ INITIALS \_\_\_\_\_

DATE PLANS WERE APPROVED \_\_\_\_\_ INITIALS \_\_\_\_\_

FEE \$ \_\_\_\_\_ CHECK # \_\_\_\_\_ CASH \_\_\_\_\_

NEW CONSTRUCTION \_\_\_\_\_ REMODEL \_\_\_\_\_